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| FOR SE OF FORM 24/48 | | | |

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| NAME OF COMMITTEE (In Full) NRCC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00075820 </div> |
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Check if ☐ 24-hour report ☒ 48-hour report ➤
☒ New report ☐ Amends report filed on MM / DD / YYYY

| | | | |
|---------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Name of Payee BASSWOOD RESEARCH | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | |
| Mailing Address 4550 MONTGOMERY AVE STE 906 | | Amount 29975.00 | |
| City BETHESDA | State MD | Zip Code 20814 | Transaction ID : SE24-0.054626 |
| Purpose of Expenditure SURVEY RESEARCH | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | |
| Name of Federal Candidate SALUD CARBAJAL | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate | <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> CA |
| Calendar Year-To-Date Per Election for Office Sought | 204160.20 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | |
| Mailing Address 815 SLATERS LANE | | Amount 21890.20 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054479 |
| Purpose of Expenditure MEDIA | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | |
| Name of Federal Candidate SALUD CARBAJAL | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate | District: 24 State: CA |
| Calendar Year-To-Date Per Election for Office Sought | 204160.20 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

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| (a) SUBTOTAL of Itemized Independent Expenditures..... | 51865.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 815 SLATERS LANE | | | Amount 25000.00 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054480 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | | |
| Name of Federal Candidate SALUD CARBAJAL | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA | | |
| Calendar Year-To-Date Per Election for Office Sought 204160.20 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 815 SLATERS LANE | | | Amount 99620.00 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054481 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | | |
| Name of Federal Candidate SALUD CARBAJAL | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA | | |
| Calendar Year-To-Date Per Election for Office Sought 204160.20 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 124620.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee SRCP MEDIA INC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 201 N UNION ST STE 200 | | | Amount 27675.00 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054644 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | | |
| Name of Federal Candidate SALUD CARBAJAL | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate | | District: 24 State: CA |
| Calendar Year-To-Date Per Election for Office Sought 204160.20 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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|-----------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|
| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 815 SLATERS LANE | | | Amount 401657.20 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054494 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | | |
| Name of Federal Candidate MORGAN CARROLL | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate | | District: 06 State: CO |
| Calendar Year-To-Date Per Election for Office Sought 995759.10 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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|------------------------------------------------------------|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 429332.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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| NAME OF COMMITTEE (In Full) NRCC | FEC IDENTIFICATION NUMBER ▼ C C00075820 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-----------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | |
| Mailing Address 815 SLATERS LANE | | | Amount 171874.80 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054482 | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | |
| Name of Federal Candidate BRIAN MAST | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL | |
| Calendar Year-To-Date Per Election for Office Sought | | 1233748.40 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | |
| Mailing Address 815 SLATERS LANE | | | Amount 171874.80 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054483 | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | |
| Name of Federal Candidate RANDY PERKINS | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL | |
| Calendar Year-To-Date Per Election for Office Sought | | 1233748.40 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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|--------------------------------------------------------------------|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 343749.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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09 / 28 / 2016

Signature

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| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee PRIME MEDIA PARTNERS | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 4201 WILSON BLVD., #110-126 | | | Amount 11250.00 | | |
| City ARLINGTON | State VA | Zip Code 22203 | Transaction ID : SE24-0.054621 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | | |
| Name of Federal Candidate BRIAN MAST | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate | | District: 18 State: FL |
| Calendar Year-To-Date Per Election for Office Sought | | 1233748.40 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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| Full Name of Payee PRIME MEDIA PARTNERS | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 4201 WILSON BLVD., #110-126 | | | Amount 11250.00 | | |
| City ARLINGTON | State VA | Zip Code 22203 | Transaction ID : SE24-0.054622 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | | |
| Name of Federal Candidate RANDY PERKINS | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate | | District: 18 State: FL |
| Calendar Year-To-Date Per Election for Office Sought | | 1233748.40 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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|------------------------------------------------------------|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 22500.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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09 / 28 / 2016

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| NAME OF COMMITTEE (In Full) NRCC | FEC IDENTIFICATION NUMBER ▼ C C00075820 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | |

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| Full Name of Payee PRIME MEDIA PARTNERS | | | Date of Public Distribution/Dissemination 09 / 27 / 2016 | |
| Mailing Address 4201 WILSON BLVD., #110-126 | | | Amount 2500.00 | |
| City ARLINGTON | State VA | Zip Code 22203 | Transaction ID : SE24-0.054623 | |
| Purpose of Expenditure MEDIA | Category/ Type | | Date of Disbursement or Obligation 09 / 27 / 2016 | |
| Name of Federal Candidate BRIAN MAST | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate | District: 18 State: FL |
| Calendar Year-To-Date Per Election for Office Sought | | 1233748.40 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee PRIME MEDIA PARTNERS | | | Date of Public Distribution/Dissemination 09 / 27 / 2016 | |
| Mailing Address 4201 WILSON BLVD., #110-126 | | | Amount 2500.00 | |
| City ARLINGTON | State VA | Zip Code 22203 | Transaction ID : SE24-0.054624 | |
| Purpose of Expenditure MEDIA | Category/ Type | | Date of Disbursement or Obligation 09 / 27 / 2016 | |
| Name of Federal Candidate RANDY PERKINS | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate | District: 18 State: FL |
| Calendar Year-To-Date Per Election for Office Sought | | 1233748.40 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 5000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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Signature

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| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee HISPANIC NEXO, LLC | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | |
| Mailing Address 5000-18 HIGHWAY 17, #268 | | Amount 4700.00 | |
| City FLEMING ISLAND | State FL | Zip Code 32003 | Transaction ID : SE24-0.054633 |
| Purpose of Expenditure MEDIA | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | |
| Name of Federal Candidate JOE GARCIA | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL | |
| Calendar Year-To-Date Per Election for Office Sought 259648.52 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee HISPANIC NEXO, LLC | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | |
| Mailing Address 5000-18 HIGHWAY 17, #268 | | Amount 5000.00 | |
| City FLEMING ISLAND | State FL | Zip Code 32003 | Transaction ID : SE24-0.054634 |
| Purpose of Expenditure MEDIA | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | |
| Name of Federal Candidate JOE GARCIA | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL | |
| Calendar Year-To-Date Per Election for Office Sought 259648.52 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 9700.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee MOORE INFORMATION | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 2130 SW JEFFERSON ST STE 200 | | | Amount 32000.00 | | |
| City PORTLAND | State OR | Zip Code 97201 | Transaction ID : SE24-0.054641 | | |
| Purpose of Expenditure SURVEY RESEARCH | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | | |
| Name of Federal Candidate JOE GARCIA | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President | | District: 26 State: FL |
| Calendar Year-To-Date Per Election for Office Sought 259648.52 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 815 SLATERS LANE | | | Amount 81260.52 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054495 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | | |
| Name of Federal Candidate JOE GARCIA | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President | | District: 26 State: FL |
| Calendar Year-To-Date Per Election for Office Sought 259648.52 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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|-------------------------------------------------------------------|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 113260.52 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee SRCP MEDIA INC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 201 N UNION ST STE 200 | | | Amount 28147.00 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054643 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | | |
| Name of Federal Candidate JOE GARCIA | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL | | |
| Calendar Year-To-Date Per Election for Office Sought 259648.52 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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|-----------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee SRCP MEDIA INC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 201 N UNION ST STE 200 | | | Amount 4875.00 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054646 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | | |
| Name of Federal Candidate JOE GARCIA | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL | | |
| Calendar Year-To-Date Per Election for Office Sought 259648.52 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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|--------------------------------------------------------------------|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 33022.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee TARGETED VICTORY | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 1033 N FAIRFAX ST STE 400 | | | Amount 98666.00 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054505 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | | |
| Name of Federal Candidate JOE GARCIA | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL | | |
| Calendar Year-To-Date Per Election for Office Sought 259648.52 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 815 SLATERS LANE | | | Amount 156405.20 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054497 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | | |
| Name of Federal Candidate MONICA VERNON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA | | |
| Calendar Year-To-Date Per Election for Office Sought 467987.60 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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|-------------------------------------------------------------|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 255071.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

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09 / 28 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 11 OF 29
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-----------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|
| Full Name of Payee REDPRINT STRATEGY LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address PO BOX 710993 | | | Amount 22500.00 | | |
| City HERNDON | State VA | Zip Code 20171 | Transaction ID : SE24-0.054635 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | | |
| Name of Federal Candidate MONICA VERNON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate | | District: 01 State: IA |
| Calendar Year-To-Date Per Election for Office Sought 467987.60 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 815 SLATERS LANE | | | Amount 148808.24 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054498 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | | |
| Name of Federal Candidate JIM MOWRER | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate | | District: 03 State: IA |
| Calendar Year-To-Date Per Election for Office Sought 396328.25 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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|-----------------------------------------------------------|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 171308.24 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

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09 / 28 / 2016

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| NAME OF COMMITTEE (In Full) NRCC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00075820 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report ➤ <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 150px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y</div> </div> | |

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| Full Name of Payee TARGETED VICTORY | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2016</div> </div> | |
| Mailing Address 1033 N FAIRFAX ST STE 400 | | Amount <div> <div></div> <div>24000.00</div> </div> | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054506 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2016</div> </div> |
| Purpose of Expenditure MEDIA | Category/ Type | | |
| Name of Federal Candidate JIM MOWRER | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate | <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> State: IA |
| Calendar Year-To-Date Per Election for Office Sought | <div> <div></div> <div>396328.25</div> </div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

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| Full Name of Payee MCCARTHY HENNINGS WHALEN, INC. | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | |
| Mailing Address 1850 M ST NW STE 235 | | Amount 24997.26 | |
| City WASHINGTON | State DC | Zip Code 20036-5837 | Transaction ID : SE24-0.054627 |
| Purpose of Expenditure MEDIA | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | |
| Name of Federal Candidate BRADLEY S SCHNEIDER | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate | District: 10 State: IL |
| Calendar Year-To-Date Per Election for Office Sought | 230982.86 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

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| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 48997.26 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MM / DD / YYYY

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 13 OF 29
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) NRCC | FEC IDENTIFICATION NUMBER ▼ C C00075820 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | |

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| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016 | |
| Mailing Address 815 SLATERS LANE | | Amount 90833.00 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054493 |
| Purpose of Expenditure MEDIA | Category/ Type | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2016 | |
| Name of Federal Candidate BRADLEY S SCHNEIDER | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL |
| Calendar Year-To-Date Per Election for Office Sought 230982.86 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016 | |
| Mailing Address 815 SLATERS LANE | | Amount 81152.60 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054496 |
| Purpose of Expenditure MEDIA | Category/ Type | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2016 | |
| Name of Federal Candidate BRADLEY S SCHNEIDER | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL |
| Calendar Year-To-Date Per Election for Office Sought 230982.86 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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|--------------------------------------------------------------------|-----------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 171985.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

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09 / 28 / 2016

Signature

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| NAME OF COMMITTEE (In Full) NRCC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00075820 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y</div> </div> | |

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| Full Name of Payee THE TARRANCE GROUP | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2016</div> </div> | |
| Mailing Address 201 N UNION ST STE 410 | | Amount <div> <div></div> <div>29000.00</div> </div> | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054628 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2016</div> </div> |
| Purpose of Expenditure SURVEY RESEARCH | | Category/ Type | |
| Name of Federal Candidate BRADLEY S SCHNEIDER | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate |
| Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>230982.86</div> </div> | | District: 10 State: IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee IMGE | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2016</div> </div> | |
| Mailing Address 108 SOUTH WASHINGTON ST. 3RD FLOOR | | Amount <div> <div>40000.00</div> </div> | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054504 |
| Purpose of Expenditure MEDIA | Category/ Type | Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2016</div> </div> | |
| Name of Federal Candidate EMILY CAIN | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate | <input checked="" type="checkbox"/> House District: <u>02</u> State: <u>ME</u> |
| Calendar Year-To-Date Per Election for Office Sought | <div> <div>948715.12</div> </div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

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| (a) SUBTOTAL of Itemized Independent Expenditures..... | 69000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MM / DD / YYYY

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 15 OF 29
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) NRCC | FEC IDENTIFICATION NUMBER ▼ C C00075820 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | |

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| Full Name of Payee MOORE INFORMATION | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016 | |
| Mailing Address 2130 SW JEFFERSON ST STE 200 | | | Amount 19200.00 | |
| City PORTLAND | State OR | Zip Code 97201 | Transaction ID : SE24-0.054642 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016 | |
| Purpose of Expenditure SURVEY RESEARCH | | Category/ Type | | |
| Name of Federal Candidate EMILY CAIN | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME | |
| Calendar Year-To-Date Per Election for Office Sought | | 948715.12 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016 | |
| Mailing Address 815 SLATERS LANE | | | Amount 369858.32 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054502 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2016 | |
| Purpose of Expenditure MEDIA | | Category/ Type | | |
| Name of Federal Candidate EMILY CAIN | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME | |
| Calendar Year-To-Date Per Election for Office Sought | | 948715.12 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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|------------------------------------------------------------|-----------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 389058.32 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

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09 / 28 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 16 OF 29
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |

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| Full Name of Payee SRCP MEDIA INC | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 |
| Mailing Address 201 N UNION ST STE 200 | | Amount 4849.00 |
| City ALEXANDRIA | State VA | Zip Code 22314 |
| Purpose of Expenditure MEDIA | Category/ Type | Transaction ID : SE24-0.054645 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 |
| Name of Federal Candidate EMILY CAIN | | Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

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| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 |
| Mailing Address 815 SLATERS LANE | | Amount 153111.00 |
| City ALEXANDRIA | State VA | Zip Code 22314 |
| Purpose of Expenditure MEDIA | Category/ Type | Transaction ID : SE24-0.054484 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 |
| Name of Federal Candidate LON JOHNSON | | Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

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|-------------------------------------------------------------|-----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 157960.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

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09 / 28 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 17 OF 29
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) NRCC | FEC IDENTIFICATION NUMBER ▼ C C00075820 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee ONMESSAGE INC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 705 MELVIN DR STE 105 | | | Amount 22066.00 | | |
| City ANNAPOLIS | State MD | Zip Code 21401 | Transaction ID : SE24-0.054638 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | | |
| Name of Federal Candidate LON JOHNSON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI | | |
| Calendar Year-To-Date Per Election for Office Sought 593375.40 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 815 SLATERS LANE | | | Amount 318044.00 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054485 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | | |
| Name of Federal Candidate RICHARD M NOLAN | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN | | |
| Calendar Year-To-Date Per Election for Office Sought 1416734.00 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 340110.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 18 OF 29
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| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y </table> | |

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| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table> | |
| Mailing Address 815 SLATERS LANE | | | Amount <table border="1" style="display:inline-table; margin:0 5px;">211391.24</table> | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054486 | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">23</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table> | |
| Name of Federal Candidate BRAD ASHFORD | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE | |
| Calendar Year-To-Date Per Election for Office Sought | | <table border="1" style="display:inline-table; margin:0 5px;">1121727.54</table> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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|---------------------------------------------------------|-------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee ONMESSAGE INC | | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table> | |
| Mailing Address 705 MELVIN DR STE 105 | | | Amount <table border="1" style="display:inline-table; margin:0 5px;">21595.00</table> | |
| City ANNAPOLIS | State MD | Zip Code 21401 | Transaction ID : SE24-0.054639 | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table> | |
| Name of Federal Candidate BRAD ASHFORD | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE | |
| Calendar Year-To-Date Per Election for Office Sought | | <table border="1" style="display:inline-table; margin:0 5px;">1121727.54</table> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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|------------------------------------------------------------|---------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <table border="1" style="display:inline-table; margin:0 5px;">232986.24</table> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <table border="1" style="display:inline-table; margin:0 5px;"></table> |
| (c) TOTAL Independent Expenditures.....▶ | <table border="1" style="display:inline-table; margin:0 5px;"></table> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 19 OF 29
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-----------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|
| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 815 SLATERS LANE | | | Amount 478116.00 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054487 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | | |
| Name of Federal Candidate JACKY ROSEN | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate | | District: 03 State: NV |
| Calendar Year-To-Date Per Election for Office Sought 1055986.84 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 815 SLATERS LANE | | | Amount 217057.12 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054499 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | | |
| Name of Federal Candidate CRESENT HARDY | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate | | District: 04 State: NV |
| Calendar Year-To-Date Per Election for Office Sought 1811612.36 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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|------------------------------------------------------------|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 695173.12 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 20 OF 29
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-----------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|
| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 815 SLATERS LANE | | | Amount 217057.12 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054500 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | | |
| Name of Federal Candidate RUBEN KIHUEN | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President | | District: 04 State: NV |
| Calendar Year-To-Date Per Election for Office Sought | | 1811612.36 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |

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| Full Name of Payee THE TARRANCE GROUP | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 201 N UNION ST STE 410 | | | Amount 10048.50 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054629 | | |
| Purpose of Expenditure SURVEY RESEARCH | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | | |
| Name of Federal Candidate CRESENT HARDY | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President | | District: 04 State: NV |
| Calendar Year-To-Date Per Election for Office Sought | | 1811612.36 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |

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|--------------------------------------------------------------------|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 227105.62 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 21 OF 29
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee THE TARRANCE GROUP | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 201 N UNION ST STE 410 | | | Amount 10048.50 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054630 | | |
| Purpose of Expenditure SURVEY RESEARCH | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | | |
| Name of Federal Candidate RUBEN KIHUEN | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV | | |
| Calendar Year-To-Date Per Election for Office Sought | | 1811612.36 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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|-----------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 815 SLATERS LANE | | | Amount 152194.80 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054488 | | |
| Purpose of Expenditure MEDIA | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | | |
| Name of Federal Candidate ZEPHYR TEACHOUT | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY | | |
| Calendar Year-To-Date Per Election for Office Sought | | 454505.31 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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|-----------------------------------------------------------|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 162243.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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09 / 28 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 22 OF 29
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee HONOLD COMMUNICATIONS | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | |
| Mailing Address 252 9TH STREET NE | | | Amount 9989.16 | |
| City WASHINGTON | State DC | Zip Code 20002 | Transaction ID : SE24-0.054619 | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | |
| Name of Federal Candidate KIM MYERS | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY | |
| Calendar Year-To-Date Per Election for Office Sought | | 541599.32 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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|---------------------------------------------------------|--------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee HONOLD COMMUNICATIONS | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | |
| Mailing Address 252 9TH STREET NE | | | Amount 9989.15 | |
| City WASHINGTON | State DC | Zip Code 20002 | Transaction ID : SE24-0.054620 | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | |
| Name of Federal Candidate MARTIN BABINEC | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY | |
| Calendar Year-To-Date Per Election for Office Sought | | 541599.32 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 19978.31 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 23 OF 29
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> | |

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| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table> | | |
| Mailing Address 815 SLATERS LANE | | | Amount <table border="1" style="display:inline-table; margin:0 5px;">88245.62</table> | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054489 | | |
| Purpose of Expenditure MEDIA | | Category/ Type | Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">23</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table> | | |
| Name of Federal Candidate KIM MYERS | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY | | |
| Calendar Year-To-Date Per Election for Office Sought | | <table border="1" style="display:inline-table; margin:0 5px;">541599.32</table> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table> | | |
| Mailing Address 815 SLATERS LANE | | | Amount <table border="1" style="display:inline-table; margin:0 5px;">88245.62</table> | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054490 | | |
| Purpose of Expenditure MEDIA | | Category/ Type | Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">23</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table> | | |
| Name of Federal Candidate MARTIN BABINEC | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY | | |
| Calendar Year-To-Date Per Election for Office Sought | | <table border="1" style="display:inline-table; margin:0 5px;">541599.32</table> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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|------------------------------------------------------------|---------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <table border="1" style="display:inline-table; margin:0 5px;">176491.24</table> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <table border="1" style="display:inline-table; margin:0 5px;"></table> |
| (c) TOTAL Independent Expenditures.....▶ | <table border="1" style="display:inline-table; margin:0 5px;"></table> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 24 OF 29
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) NRCC | FEC IDENTIFICATION NUMBER ▼ C C00075820 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | |

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| Full Name of Payee BASSWOOD RESEARCH | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016 | |
| Mailing Address 4550 MONTGOMERY AVE STE 906 | | | Amount 19000.00 | |
| City BETHESDA | State MD | Zip Code 20814 | Transaction ID : SE24-0.054625 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016 | |
| Purpose of Expenditure SURVEY RESEARCH | | Category/ Type | | |
| Name of Federal Candidate COLLEEN DEACON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY | |
| Calendar Year-To-Date Per Election for Office Sought 272402.40 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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| Full Name of Payee FP1 STRATEGIES LLC | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016 | |
| Mailing Address PO BOX 16504 | | | Amount 26975.00 | |
| City ALEXANDRIA | State VA | Zip Code 22302 | Transaction ID : SE24-0.054631 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016 | |
| Purpose of Expenditure MEDIA | | Category/ Type | | |
| Name of Federal Candidate COLLEEN DEACON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY | |
| Calendar Year-To-Date Per Election for Office Sought 272402.40 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 45975.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

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09 / 28 / 2016

Signature

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| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2016</div> </div> | |
| Mailing Address 815 SLATERS LANE | | Amount <div> <div></div> <div>158452.40</div> </div> | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054503 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2016</div> </div> |
| Purpose of Expenditure MEDIA | Category/ Type | | |
| Name of Federal Candidate COLLEEN DEACON | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House | District: 24 |
| | | <input type="checkbox"/> President | Senate State: NY |
| Calendar Year-To-Date Per Election for Office Sought | <div> <div></div> <div>272402.40</div> </div> | Disbursement For: <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee TARGETED VICTORY | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2016</div> </div> | |
| Mailing Address 1033 N FAIRFAX ST STE 400 | | Amount <div> <div></div> <div>33000.00</div> </div> | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054507 |
| Purpose of Expenditure MEDIA | Category/ Type | | Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2016</div> </div> |
| Name of Federal Candidate COLLEEN DEACON | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate | <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> Senate State: <u>NY</u> |
| Calendar Year-To-Date Per Election for Office Sought | <div> <div></div> <div>272402.40</div> </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

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| (a) SUBTOTAL of Itemized Independent Expenditures..... | 191452.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---------------------------------------------------------|--------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee FP1 STRATEGIES LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address PO BOX 16504 | | | Amount 21880.00 | | |
| City ALEXANDRIA | State VA | Zip Code 22302 | Transaction ID : SE24-0.054632 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | | |
| Name of Federal Candidate STEVEN SANTARSIERO | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA | | |
| Calendar Year-To-Date Per Election for Office Sought | | 937798.56 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee MCLAUGHLIN AND ASSOCIATES INC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 566 S RT 303 | | | Amount 19000.00 | | |
| City BLAUVELT | State NY | Zip Code 10913 | Transaction ID : SE24-0.054637 | | |
| Purpose of Expenditure SURVEY RESEARCH | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | | |
| Name of Federal Candidate STEVEN SANTARSIERO | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA | | |
| Calendar Year-To-Date Per Election for Office Sought | | 937798.56 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|-------------------------------------------------------------|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 40880.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

MM / DD / YYYY
09 / 28 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 27 OF 29
FOR SE OF FORM 24/48

| | | | |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|-----------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | |
| Mailing Address 815 SLATERS LANE | | Amount 667520.28 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054491 |
| Purpose of Expenditure MEDIA | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | |
| Name of Federal Candidate STEVEN SANTARSIERO | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|-----------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | |
| Mailing Address 815 SLATERS LANE | | Amount 241174.82 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054501 |
| Purpose of Expenditure MEDIA | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | |
| Name of Federal Candidate PETE GALLEG0 | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--------------------------------------------------------------------|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 908695.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

MM / DD / YYYY
09 / 28 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 28 OF 29
FOR SE OF FORM 24/48

| | | | |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full) NRCC | | FEC IDENTIFICATION NUMBER ▼ C C00075820 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|-----------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee ONMESSAGE INC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 705 MELVIN DR STE 105 | | | Amount 3370.60 | | |
| City ANNAPOLIS | State MD | Zip Code 21401 | Transaction ID : SE24-0.054640 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016 | | |
| Name of Federal Candidate PETE GALLEG0 | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | | |
| Calendar Year-To-Date Per Election for Office Sought 539518.42 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|-----------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016 | | |
| Mailing Address 815 SLATERS LANE | | | Amount 120950.52 | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24-0.054492 | | |
| Purpose of Expenditure MEDIA | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016 | | |
| Name of Federal Candidate TOM NELSON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI | | |
| Calendar Year-To-Date Per Election for Office Sought 169425.52 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|-----------------------------------------------------------|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 124321.12 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

MM / DD / YYYY
09 / 28 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 29 OF 29
FOR SE OF FORM 24/48NAME OF COMMITTEE (In Full)
NRCC

FEC IDENTIFICATION NUMBER ▼

C C00075820Check if ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed onM M M / D D D / Y Y Y Y Y Y
09 / 27 / 2016Full Name of Payee
REDPRINT STRATEGY LLC

Mailing Address PO BOX 710993

City State Zip Code
HERNDON VA 20171Purpose of Expenditure
MEDIACategory/
Type

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2016

Amount

21300.00

Transaction ID : SE24-0.054636

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2016Name of Federal Candidate
TOM NELSON☐ Support
☒ OpposeOffice Sought: ☒ House District: 08
☐ President ☐ Senate State: WICalendar Year-To-Date
Per Election for Office Sought

169425.52

Disbursement For: ☐ Primary ☒ General
2016 ☐ Other (specify) ▶

Full Name of Payee

Mailing Address

City State Zip Code

Purpose of Expenditure

Category/
Type

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y

Amount

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y

Name of Federal Candidate

☐ Support
☐ OpposeOffice Sought: ☐ House District: _____
☐ President ☐ Senate State: _____Calendar Year-To-Date
Per Election for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶

21300.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶(c) **TOTAL** Independent Expenditures..... ▶

5583141.59

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2016

Signature